

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

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CALIFORNIA
FORM
460

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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/16
through 12/31/16

Date of election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

I.D. NUMBER
1243171

EUGENE MONTANEZ FOR CORONA CITY COUNCIL 2014

Treasurer(s)

NAME OF TREASURER

SUSAN E GLENN

MAILING ADDRESS

1897 CALIFORNIA AVE STE 101

CITY

CORONA

STATE ZIP CODE AREA CODE/PHONE
CA 92881 951-737-1731

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/21/17

By

Signature of Treasurer or Assistant Treasurer

Executed on 1/27/17

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE EUGENE MONTANEZ			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) CORONA CITY COUNCIL			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
813 JOHNNY CASH DR	CORONA	CA	92882

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF TILER
EUGENE MONTANEZ FOR CORONA CITY COUNCIL 2014

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Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 3250	26349
2. Loans Received.....	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 3250	26349
4. Nonmonetary Contributions.....	Schedule C, Line 3 0	375
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 3250	26724

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 4615	26330
7. Loans Made.....	Schedule H, Line 3 4615	26330
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 40	40
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 0	375
10. Nonmonetary Adjustment.....	Schedule G, Line 3 4655	26745
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 4655	26745

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 1503	
13. Cash Receipts.....	Column A, Line 3 above 3250	
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 4615	
15. Cash Payments.....	Column A, Line 8 above 138	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 1503	

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 0	
18. Cash Equivalents.....	See instructions on reverse 0	
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above 40	

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received.....	1/1 through 6/30 \$	7/1 to Date \$
21. Expenditures Made.....	\$	\$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

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1243171

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/8/16	EMT MANAGEMENT LLC 6363 S FIDDLERS GREEN CIR GREENWOOD VILLAGE, CO 80111	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	
9/9/16	ARANTINE HILLS HOLDING LP 85 ENTERPRISE, STE 450 ALISA VIEJO, CA. 92656	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2400	2400	
11/9/16	SEMPRA ENERGY 101 ASH ST SAN DIEGO, CA. 92101	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250	250	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				3250		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3250
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 3250

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule E Payments Made

Amounts may be rounded
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL tv, or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AMERICAN EXPRESS BOX 0001 LOS ANGELES, CA. 90096	POS		500
AMERICAN EXPRESS BOX 0001 LOS ANGELES, CA 90096	WEB		262
AMERICAN EXPRESS BOX 0001 LOS ANGELES, CA. 90096	TRC		283
SUBTOTAL \$			1045

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 4516
- Unitemized payments made this period of under \$100 \$ 99
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 4615

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ALLEGRA 127 RADIO RD CORONA, CA. 92879		DONATION OF PRINTING FOR 9/11 EVENT SPONSORED BY CHRISTIAN ARTS THEATER	373
CORONA ELKS 912 E SIXTH ST CORONA, CA. 92879	CVC		200
ALLEGRA 127 RADIO RD CORONA, CA. 92879		DONATION OF PRINTING FOR PU-PU PEDISTRIAN EVENT	78
SACK FOUNDATION 220 DEININGER CIRCLE CORONA, CA. 92880	CVC		100
ALLEGRA 127 RADIO RD CORONA, CA. 92879		DONATION OF PRINTING FOR 9/11 EVENT SPONSORED BY CHRISTIAN ARTS THEATER	626

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1377

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSE transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ALLEGRA 127 RADIO RD CORONA, CA. 92879		DONATED PRINTING FOR CORONA--NORCO YMCA	498
ALLEGRA 127 RADIO RD CORONA, CA. 92879		DONATED PRINTING FOR DISTRICT FLYERS-MEASURE N	135
ALLEGRA 127 RADIO RD CORONA, CA. 92879		DONATION OF BANNER FOR ST.MATTHEWS CHURCH	108
ALLEGRA 127 RADIO RD CORONA, CA. 92879		DONATION OF PRINTING FOR 9/11 EVENT SPONSORED BY CHRISTIAN ARTS THEATER.	323
ALLEGRA 127 RADIO RD CORONA, CA. 92879		DONATION OF PRINTING FOR CAR & COFFEE	173

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1237

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (if COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ALLEGRA 127 RADIO RD CORONA, CA. 92879			DONATION OF PRINTING FOR HOPE LOVE CHARITY EVENT	160
THE PRESS ENTERPRISE 1825 CHICAGO AVE RIVERSIDE, CA. 92506	OFC			197
ALLEGRA 127 RADIO RD CORONA, CA. 92879			DONATION OF PRINTING FOR FUTURE BUSINESS LEADERS OF AMERICA	500

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 857

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ALLEGRA 127 RADIO RD CORONA, CA. 92879	CVC	0	40	0	40
SUBTOTALS \$		\$	\$	\$	\$

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 40
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 40

May be a negative number